

HC-One No.1 Limited

The Red House Care Home

Inspection report

Bury Road
Ramsey
Huntingdon
Cambridgeshire
PE26 1NA

Tel: 01487813936

Date of inspection visit:
05 April 2023
12 April 2023

Date of publication:
26 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Red House Care Home provides accommodation for people who require nursing or personal care. People may be older, living with dementia and may have physical disabilities. The care home is registered to provide care for up to 60 people across two buildings. Each building provides accommodation over two floors. There were 34 people living at the service at the time of this inspection.

People's experience of using this service and what we found

We found improvements had been made since the last inspection, however, further oversight in specific areas is required. At this inspection we found improvements were still required to ensure peoples' supplementary charts, to support health and wellbeing, were consistently completed. Furthermore, some peoples' records provided contradictory information for example, one person's wound was graded differently within the care records. We identified some risks around safety, use of pressure relieving equipment, and completion of food intake records. Some effective audits were in place; however, these required embedding, and further development, to ensure responsive action is taken outside of inspection processes.

We have recommended that the provider ensure that an effective system is in place to ensure information is reviewed and kept accurate to enable staff to have all the required information to keep people safe at all times.

People living in the service and their relatives were all positive about the standard of care provided at The Red House Care Home. Comments included, "There has been much improvement and I have no complaints about the care." "I am really happy and lucky to be here." And "I don't think anything could be done any better."

People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face.

The premises was hygienically clean, and staff followed current best practice guidelines regarding the prevention and control of infection. Medicines systems were well-organised, and people received their medicine as prescribed. Protocols for medicines 'when required' needed additional information to give the action for staff to take prior to the administration.

There were enough staff to support the needs of people. The provider had followed safe recruitment practices. Staff had the right levels of training, support, and experience to deliver effective care and meet the needs of people living at the service.

People had access to a wide variety of food and drink that met their dietary needs and wishes.

Improvements were required to the food charts to show the exact quantities people consumed to ensure effective monitoring and support was provided. People were helped to stay healthy and well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Although some terminology in the records was not always respectful or dignified.

Most Staff treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain their independence. People were encouraged to make decisions about the care and support they received and had their choices respected.

Person-centred care plans were in place, which enabled staff to understand and meet their needs and expressed wishes and preferences. Staff ensured they communicated and shared information with people in a way they could easily understand.

People were supported to participate in meaningful recreational and leisure activities that reflected their social interests. People's concerns and complaints were well-managed, and the provider recognised the importance of learning lessons when things went wrong. One relative told us, "I think the meetings are productive. They have asked for feedback, and you can just speak up when you are here." People, their relatives and staff working in the service were all complimentary about the way the service was managed. People and their relatives told us how approachable the staff all were.

Plans were in place to help people nearing the end of their life receive compassionate care in accordance with their needs and expressed wishes. The provider promoted an open and inclusive culture which sought the views of people living at the service, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 24 October 2022) and there were breaches of regulation. At this inspection we found improvements had been made, and the provider was no longer in breach of all regulations identified at the last inspection. However, a continued breach of 1 regulation was found.

This service has been in Special Measures since 24 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified a continued breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Red House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

2 Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Red House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Red House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and took place over 2 days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke and communicated with 12 people who used the service and 9 relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating such as using their body language. We spent lots of time observing how staff interacted with people using the service.

We spoke with 14 members of staff including nurses, care workers, activity support workers, domestic care staff, kitchen staff, deputy manager, the registered manager, and a member of the quality management team.

We reviewed a range of records. This included 6 people's care records and multiple medication records and monitoring charts. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was some limited assurance about safety. There was the potential for an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

At our last inspection systems and oversight were not robust to protect people from potential abuse. People were at risk of harm as the provider did not act promptly in response to concerns and ensure lessons were learnt. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 13.

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Care staff had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise concerns, if needed, about poor standards of care.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC.
- When we asked people if they felt safe in the presence of care staff, one person told us, "I am safe here. There are plenty of staff here to look after me." One relative said, "[Family member] is safe here. They let the [people] do what they can for themselves which is a good thing as long as they can keep them safe."
- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance. One staff member said, "The (registered) manager is always available and will come and support us if we need them to help with the [people's] care needs."

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection assessments had not been completed, or were not robust, to mitigate risks to people's health and wellbeing. Systems and processes were not in place to ensure the safe management, oversight and administration of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- Staff were able to tell us about people's individual risks and how they helped to reduce these. For

example, staff were aware of people's pressure care risks, choking risks and how to safely support these. One relative told us, "Staff have put a bumper cushion on [person's] bed next to the wall. That stops them hurting [themselves]. They sit on a cushion with an alarm, and there is a crash mat next to their bed. Everything is there to help keep them safe and it works. They do try to get up and then fall over that is why staff have put these things in place."

- Although, where people were at risk of weight loss, whilst improvements had been made, and reviews were taking place the information was not always consistently recorded. Records did not always include the actual amount eaten and/or did not include if they had been offered any food/drink or may have chosen not to have anything. Where people had been identified as having a choking risk, again, the records showed conflicting information about the required texture. The registered manager immediately actioned this to ensure that records were accurate.
- Where people's skin integrity may be at risk, we found on day 1 a person's mattress was switched off. Once this was highlighted it was immediately turned on. For one person the information in regard to their pressure wound grade was different within the records and required reviewing. Repositioning charts were reviewed and were much improved with staff recording at the time of the interaction.
- A relative told us they had identified a risk to their relative around the furniture. Once identified staff acted on it and ordered some corner protectors to prevent injury.
- Medicine management had improved. The provider had implemented a new electronic system to enable staff to administer people's medicines safely. However, on our first day of the inspection, staff were not clear on the system which should be used if there were network issues. We raised this with the registered manager, who informed all staff of this procedure.
- Protocols for medication prescribed as 'when required' needed additional information to ensure that staff had guidelines to follow before medicine is administered, especially for those who show signs of distress. 'When required' medicines are medicines which may be prescribed in the event of aches, pains or a headache, such as Paracetamol etc.

We have recommended that the provider ensure that an effective system in place to ensure information is reviewed and kept accurate to enable staff to have all the required information to keep people safe at all times.

- Medicines were administered by trained staff who had regular checks of their competency. One person said, "I haven't had any problems with getting my medication. I understand what they are giving me." Another person told us, "Staff sort all the medication for me. I don't have to worry about it."
- Stock levels of medicines corresponded with the records in place, records also evidenced that staff regularly checked the stock levels to reduce the risk of errors.

Preventing and controlling infection

At the last inspection We found no evidence people had come to harm; however, infection control processes were not robust. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- There were suitable systems for preventing and controlling infection. The staff received relevant training; and the provider's policies and procedures reflected legislation and good practice guidance.
- People using the service and their visitors told us the home was kept clean and they were happy with the

laundry service. One person said, "Staff do keep my room clean." A relative told us. "[Family member] has been moved to a room with a vinyl floor which is much easier to keep clean and fresh when they have any accidents."

- There were regular checks on cleanliness and infection control to make sure standards were maintained. There was enough personal protective equipment (PPE) for staff to use when needed to help minimise the risk of infection spreading.
- The management team regularly met to discuss any infections, how these were being managed and whether they could have been prevented. They liaised with other healthcare professionals to help make sure people received the treatment they needed.

Staffing and recruitment

At the last inspection robust systems were not in place to calculate and review staffing requirements at the service. There were not enough staff to meet people's needs. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 18(1).

- People told us there were enough staff to meet their needs. One person told us, "I have got my bell there, and staff come as quickly as they can." Another person said, "Staff are really quick if you ring your bell. I am never concerned about how many staff are here." 1 relative we spoke with told us that there was always staff around when they visited. Another relative said, "It's nice to see the same faces when we visit. The staff are all very helpful."
- Staff told us generally there was enough staff. A staff member said, "There is enough staff available, and we all help each other when needed."
- People's needs were met as needed and in a timely way. Staff were visible in the communal areas. Activity staff members supported care staff at peak times, such as mealtimes. Staff communicated well to help ensure there was good coverage around the service.
- There was a robust recruitment process to help ensure staff were suitable to work in a care setting. There was a checklist completed to review the process and check all required information had been obtained. This included proof of identity, employment history, references, and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes

- There were no restrictions on visitors to the home. People had visitors on the day of inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

At the last inspection People had not received effective and appropriate assessments. Furthermore, responsive timely action was not taken to refer people to specialist healthcare services. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 9.

- People's needs were identified, assessed, and responded to before they were supported by the service. Assessments included people's individual needs, risks, and preferences. Assessments included, wound care, those at risk of malnutrition and support with moving and handling.
- People's relatives told us the service was well prepared to meet people's needs.
- Staff supported people to access health or social care professionals as needed. 1 person said, "The doctor seems to come immediately if you aren't well. The staff just call him, and he is there." Another person told us, "If you want to see a dentist, optician, or chiropodist you only have to ask. If you don't feel well, they will get the doctor to see you."
- Staff knew what to do if a person became unwell or needed additional support. The registered manager had introduced an early warning tool which assisted with the early identification of a worsening infection such as sepsis.
- We were told by relatives that the management and staff team managed people's health needs well. 1 relative said, "Staff will always notify me when they get the doctor out to [family member]. I have spoken to the GP, and they have told me I can always phone them if I have any concerns."

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we were not assured people were supported to eat and drink adequate amounts to promote their health and well-being. Intake records were not reviewed, and responsive action to concerns was limited. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 14.

- Each day there is member of staff who is allocated to be the champion and is responsible for ensuring that records are in place and updated for people who are at risk of malnutrition.
- Where people were losing weight, the appropriate advice was sought, and fortified foods were provided. However, for those who required modified consistency of their foods, staff need to ensure that recording was consistent across different records.
- People told us they enjoyed the food. 1 person said, "You get a good choice of food and staff will always bring you something if you feel hungry." Another person told us, "The food is good, I can always find something to eat. I don't ever feel hungry, and you can have a drink when you want one."
- People were verbally offered the meal choices at lunch and shown two plated meals to support their decision making. 1 person told us, "Staff always show you what you can have for lunch which is a good idea." Staff encouraged people to eat in the dining area, although some people chose to eat in their rooms and others who were being cared for in bed had their meals taken to them.
- People were offered drinks on multiple occasions throughout the morning. Drinks and snacks were prepared mid-morning. This included tea, coffee, milkshakes, juices, and squash. There were biscuits and cakes on offer plus fruit.
- Mealtime observations were positive. 1 member of staff was observed explaining to a person their meal, they checked it was okay, and they were able to continue eating. People enjoyed the company of staff and the conversation they were having during mealtimes.

Staff support: induction, training, skills and experience

At the last inspection We found robust systems were not in place to ensure staff support, training, skill and experience. This placed people at risk of harm. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 18.

- People and their relatives told us they felt staff were suitably trained for their role. A relative said, "In general all the carers are very good as are the seniors, on the ball, very comforting to relatives too."
- Staff told us they felt training provided them with the knowledge to do their job. They were given opportunities to further their knowledge. Staff members told us their understanding and responsibilities of the fluid and nutrition champion, and this had boosted their confidence and improved standards of care.
- Staff were working in accordance with their training. We reviewed the training records and saw most training was up to date, and those that were due, were flagged and booked in. In addition, further courses were undertaken for specific conditions such as Parkinson's, diabetes and end of life care.
- Staff felt they were well supported in their roles by the management and had regular supervision and team meetings to ensure they are aware of any changes.

Adapting service, design, decoration to meet people's needs

- Redecoration had commenced in the service and some furniture was due to be replaced as part of the home's refurbishment plan.
- Signage was in place to orientate and inform people and help them get around.
- People had been consulted and involved in choosing colour schemes and the design of the room.
- People's bedrooms were personalised with their belongings, chosen pictures and ornaments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity assessed and best interest decisions noted. People had been involved in the process and this was documented. Although we did note that terminology for one person was not respectful or dignified. The registered manager agreed to review all paperwork.
- Where needed, family members or professionals had been involved in the process to help ensure the right outcome was reached.
- Staff gave people choices, and listened to their decisions, even when they were assessed as not having capacity. Staff knew about people's decision-making abilities and encouraged these.
- Staff had completed training in the MCA and understood its principles. They always sought appropriate consent before carrying out any care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At the last inspection we found robust systems, supervision and management observational checks were either ineffective or not in place. This placed people at risk of receiving care which was neither respectful nor dignified. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 10.

- People were mostly treated with compassion and dignity and privacy was protected by staff. Whilst on day 1 of our inspection not all staff were observed knocking on people's bedroom doors and waiting to be invited in by the occupant. Day 2 was much improved, and all staff were seen knocking on doors and awaiting a response. In addition, we saw several instances of staff sitting next to people when they were assisting to eat at mealtimes. This enabled staff to make good eye contact with the person they were supporting, and to engage people in some meaningful conversations about what they were doing, and the meal they were assisting them to eat.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was conducted with warmth and kindness. Staff throughout our inspection frequently sat and chatted with people relaxing in the communal areas. Staff spoke about the people in the service in a respectful and positive manner.
- People were all very positive about the care they received at the service and said they were well cared for. Typically comments included, "Staff are very good here. They help me a lot and entertain me. If they see someone is feeling down, they will do everything they can to lift them and cheer them up. They are really good at that. We have a good laugh together." "This home is the tops. They really care for you and make you happy." And, "The staff really take notice of you. They have said that if I am not feeling well I just have to tell them and they will help me. They will come and sit and talk to you which is lovely."
- People's care plans contained information about individual's spiritual and cultural needs and wishes.
- People and relatives told us they were able to express their views and were involved in making decisions about the care they received. For example, people's views were sought in relation to menu planning, social activities and how they liked to spend their day. Staff respected people's choices and supported them to

make informed decisions about their day-to-day care and support.

- People were consulted and agreed to the contents of their care plan, which were signed.
- People were actively encouraged and supported to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection we found people, and their relatives, were not always involved in planning care which met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 9

- People were receiving personalised care based around their individual preferences, likes and dislikes. These were then added to people's support plans and adhered to by staff. For example, when people wanted to get up in the morning.
- Most people's support plans had been reviewed to ensure they were personalised and included information about their specific health conditions. These were detailed and gave good guidance to staff on how to support people. However, some support plans had not yet been fully reviewed and were lacking in personalisation and were inconsistent in detail. The management team were aware of this and were continuing work on support plans.
- Staff knew people as individuals and knew their support needs for the most part. One person said, "Staff take more time to talk with me now and this helps us get to know each other." One relative said, "Since [family member] arrived the care has gone up 100%. It is since (registered manager) took over."
- The management team promoted staff supporting people with things important to them. One person said, "I think it is good that staff have spoken with me about what is important to me. It shows they care and means I can talk about what I like with someone who understands it."
- People's end of life wishes were known and reflected in the care they received. Care was holistic and person centred. A relative shared their experience, "We were able to spend time with [family member] on their last few days. The staff ensured [family member] was never alone. They also ensured we (family) had everything we needed when visiting. They looked after us very well, we couldn't ask for anything better. They went above and beyond even staying with [family member] when their shift had finished, so they were not alone."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known by staff. This included whether people needed glasses, hearing aids or any additional support. If needed, information could be provided in large print, picture format, or a language other than English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were more opportunities for people to engage in social pastimes at the service. Activity staff had spent time discussing people's interests to try and personalise social pastimes and engagement with them.
- During our inspection, we observed several activities taking place. People had the opportunity to participate in activities in a group or on a one-to-one basis with staff. One person said, "There is lots of activities which I go to. I don't get bored. People come in to entertain us which is really good." Another person told us, "Staff keep you busy with things to do. I enjoy the activities."
- People were supported to maintain contact with people who were important to them. Relatives told us they could visit at any time. One relative said, "I come a lot and they don't stop me from coming at any time." Another relative told us, "I like to come and see my [family member] and (staff) don't put any restrictions on times."
- Special events were recognised and celebrated; people told us how much they had enjoyed these occasions. One relative told us, "When it was [family member's] birthday they decorated their room as if they were having a party. They celebrated Valentine's Day and there was a big celebration at Christmas. There are a lot more activities now."
- There were more opportunities for people to engage in social pastimes at the service. Activity staff had spent time discussing people's interests to try and personalise social pastimes and engagement with them. Community outings were being arranged. One relative told us, "Staff are talking about going on a boat trip and they are going to try and take [family member]. I can't get them into a car now, but they can get them into the minibus."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, although everyone we spoke with told us that there was much improvement in the service, and they had no concerns to bring to our attention.
- People and relatives told us they knew how to raise a concern or complaint, and these were acknowledged by staff with responses provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At the last inspection the provider had failed to consistently assess, monitor and mitigate risks to people's health, safety and welfare. The provider had also failed to improve the quality of the service through their own governance systems and processes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst there had been a lot of improvements, further work was needed, and the provider remains in breach of Regulation 17.

- There had been many improvements at the service since our last inspection. This was in part due to a large amount of input from a senior management and quality team. Audits had been developed and put in place to monitor quality and drive improvement at the service. These had been successful in a number of areas.
- However, despite these improvements, audits had not been effective at completely remedying issues from previous inspections. Issues identified during the inspection included risks around safety, pressure relieving equipment, food charts, inconsistent information recorded within care plans including wound care.
- The registered manager and provider were aware improvements were still needed to be made. They were aware maintaining and continuing improvements would still be a challenge and would require careful monitoring.

We found no evidence people were harmed. However, audits were not always effective in identifying areas for improvement and taking effective actions to improve the quality of care people were receiving.

This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed other audits which had been effective in driving improvements at the service. This included areas such as medicines management and support and observations of staff practice. The registered manager also acted on the issues that were identified during the inspection.

- People and relatives gave positive feedback about improvements at the service. People's comments included, "I do know the (registered) manager. I think she is really good, and she knows what is going on." And, "Since the last inspection, there have been lots of things happening, all for the better. I have been going out and doing things a lot more."
- There had been an improvement in the culture of the service. People and staff were visibly happy and there was a more positive feel about the service. Staff engaged with people more often and people appeared more relaxed and happier.
- Relatives had noted improvements to the culture of the service. Comments included, "The home is being run much better since the last inspection. There is more interaction between the residents, relatives, and the carers." "(Registered) Manager is very approachable and will act on your comments."
- Staff were positive about the impact the management team had and felt well supported by the new registered manager. Comments included, "The (registered) manager is very approachable and will come and be hands on if we need support." "We couldn't have better support." "Their door is always open."
- We were assured the registered manager; deputy manager and team leaders were committed to continually improving the service. They accepted there was still work to do and were positive they would be able to make and sustain improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team had made efforts to engage with people, relatives, and the staff team on a regular basis. One person said, "I like it when staff come and speak with me in my room." A relative told us, "Things have really improved regarding communication with the service. I regularly get updates on what is going on."
- Minutes from meetings, and discussions with people were available and demonstrated that they were working with people and their relatives more positively.
- Staff felt supported at the service and felt team meetings were positive and a good chance to discuss the direction of the service. Staff were very positive about the support they had from the registered manager and felt positive that improvements would continue at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good Governance</p> <p>We found no evidence people were harmed. However, audits were not always effective in identifying areas for improvement and taking effective actions to improve the quality of care people were receiving.</p>